





A  
TREATISE  
ON  
Diseases  
IN THE  
URINARY CANAL;  
particularly describing the  
VARIOUS SYMPTOMS ATTENDING  
Fistulas, Obstructions, Gleets, Seminal Weakness,  
Stricture, Incontinency of Urine, Spasmodic Affections,  
&c. &c. &c.

AND ON THE  
PREVENTION OF THE STONE AND GRAVEL.

To which is added a VARIETY of

CASES,  
TENDING TO SHEW THE EFFICACY OF  
*DARAN's Medicated Bougies;*

AND A  
NEW METHOD OF TREATING  
A Gonorrhoea:

ALSO  
REMARKS ON CAUSTIC BOUGIES,  
WITH

EXTRACTS from various AUTHORS,  
UNIFORMLY PROVING THE DANGER AND INEFFICACY OF THE  
CAUSTIC.

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THE SIXTH EDITION.

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BY W. DUFOUR, SURGEON.

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TO

HENRY REVEL REYNOLDS, M.D.

Physician to His Majesty, &c. &c.

SIR,

*THE solicitude that an author generally feels that his work should meet with distinguished patronage, naturally suggested to me the idea of dedicating this treatise to you, as the surest means of ensuring to it the approbation of the public.*

*The great and laudable wish of alleviating the miseries of the unfortunate, of relieving the distressed, having ever directed the employment of your professional abilities, I am emboldened to hope, that you will condescend to accept this essay, compiled with an earnest desire of preventing the dreadful consequences arising from an injudicious, and too common mode of treating venereal complaints in general.*

*I have the honour to be*

*With the greatest esteem*

SIR,

*Your obedient and*

*very humble Servant,*

W. DUFOUR.

*Frith Street, Soho.*

*March, 1801.*



# INTRODUCTION.

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AS I had frequently witnessed the dreadful effects which attend the endeavouring to remove venereal complaints by astringent injections, it is now some years since I first thought it my duty to lay before the public the many observations which I had made on the subject, together with the mode of treatment, which long experience had proved to me to be the only one which could be depended upon for removing diseases in the urethra, the almost sure consequence of using astringent injections, &c.

It was that which induced me to publish the first edition of this little treatise, the rapid and extensive sale that it has met with, having already gone through four impressions, imposes on me the pleasing task of rendering this edition more deserving the

attention of the public. This I have endeavoured to effect, by accurately and minutely describing the symptoms preceding and attending the different species of venereal infections, so that every Person however uninformed, may, by applying to a judicious practitioner prevent the ill consequences arising from neglect or delay. It is too often the case, that the unhappy patient, ignorant of those symptoms, does not know his own danger, and defers procuring medical assistance, until that complaint, which, at first, might easily have been removed, becomes so inveterate as to render the cure very tedious, painful, and difficult.

To the cases published in the former editions, I have added many new ones, and am induced to hope, that an attentive perusal of them will convince persons, labouring under those complaints, of the extreme danger, which is produced by the injudicious use of astringent preparations,

and consequently deter them from hazarding their lives by applying to men, who merely remove the external symptoms; which mode of treatment is inevitably productive of those diseases in the urinary canal, that will be more particularly described in the following sheets. It must surely be obvious to every person, that no internal medicines can either remedy, or even alleviate any species of obstruction in the urethra. Obstructions originate from local causes, and consequently can only be removed by such applications as immediately act on the parts affected. Internal medicines can only act by altering a bad disposition of the constitution—to attempt to take them in these affections, is endangering health, without the least prospect of relief.

Happy indeed would it be for many victims, if they would be convinced of the danger of their situation, and apply for relief when there are the least symptoms of strictures; for, if neglected, from a variety

of causes, a suppression may rapidly take place—no urine can be evacuated without the forcible introduction of a machine, or the undergoing of a dangerous operation. In its incipient state, it is easily removed; when more advanced, the difficulty necessarily increases; yet, with proper care, danger may always be prevented.

It is for those who are thus unhappily afflicted, that these sheets are intended, to explain to them, in as simple terms as possible, the real nature of their own situation. The symptoms are described at large in the same regular manner as they appear, and great care has been taken in describing them, to avoid the injudicious use of technical terms. Nothing is aimed at but perspicuity: to inform the uninformed mind: to convince, where conviction is necessary. With those intentions, I have written this treatise, in a plain, easy, and familiar stile, capable of being understood in every capacity; if my labours tend to alleviate the misery of

one of my fellow-creatures, I shall think them amply repaid.

The great and flattering encouragement that the publick has been pleased to bestow upon my efforts, demands my warmest acknowledgments, and is a convincing proof of the truth of the remark, that “ more benefit arises to the community from a practitioner’s confining his researches to a particular complaint, than from his being superficially acquainted with the different disorders incident to the human frame.” In the former case, long experience and extensive practice, will ultimately render him completely acquainted with the different methods of cure: in the latter it may be asserted, that it is impossible for any medical gentleman to witness a sufficient number of cases, to enable him to pronounce with certainty on the mode of treatment.

To the several eminent members of the faculty, who have honoured with their recommendation the method which I pursue,

I beg leave to offer my most grateful thanks, and to assure them that I shall at all times deem it flattering, if my endeavours meet with their approbation.

From a number of cases in which bougies armed with lunar caustick had been used, I have selected four remarkable ones, in which, though the patients had been dismissed under the impression of their being perfectly cured, the disorder gradually returned: to these, which plainly demonstrate the inefficacy of that application, I have subjoined the opinions of several eminent writers, which uniformly tend to prove the danger attending the use of caustick bougies, and particularly some cases extracted from a celebrated publication, by Dr. Rowley, entitled, “ The most cogent Reasons why astringent Injections, Caustick Bougies, and violent Salivation, should be banished *for ever* from Practice.” The eloquent manner in which Dr. Rowley describes the beneficial effects which always attend Daran’s mode of

treatment, still adds to the celebrity of that noted man.

Since the first publication of this work, so many cases have come within my observation, in which strictures had been produced by the imprudent and dangerous use of astringent injections, that I was induced to try to cure gonorrhœas by the help of my medicated bougies, giving at the same time proper internal remedies; the attempt has uniformly been crowned with success, and experience has so completely proved it to be as innocent as it is efficacious, that I confidently recommend it as the means of preventing those dreadful complaints in the urinary canal, which are almost always the effect of improper treatment.

Several gentlemen who have experienced the benefits resulting from that method of treatment, have kindly given me leave to refer to them; I have not availed myself of that permission, being extremely desirous of avoiding every appearance of empiricism;

but at the same time that I am under the necessity of declining their polite offer, I feel inexpressibly thankful for their having made it.

When I first became the sole proprietor of Daran's Medicated Bougies, I was very desirous of divesting them of their irritating properties, and after numerous experiments, I succeeded to the utmost extent of my wishes; so much so, that I can use them even in the most inflammatory stage of the gonorrhea, without producing any pain. The preference they have obtained by this valuable improvement, has, I flatter myself, been fully justified by a successful and very extensive practice.

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A

# TREATISE,

&c. &c. &c.

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MAN, the most perfect and complicated of all animated beings, is in his various parts so beautifully contrived, in that reciprocal state of connexion and mutual dependence, that one part cannot well be destroyed without another being impaired. What pleasures the inquisitive anatomist derives in investigating the various parts of an animal machine, in unfolding the admirable texture of the interior organs, and in displaying the inimitable mechanism which pervades the whole! Here is such an inexhaustible source of wonders, that to explore them would require the genius of a Hunter, and the pen of a Haller.

B

The secretory and excretory organs must all perform their proper functions, or else the animal economy must necessarily undergo a proportional derangement. Hence the more important and extensive the organ is, the more dangerous and alarming is any impediment to its functionary duties.

When the liver is diseased, there is a deficiency in its secreted bile. The intestines wanting their proper peristaltick stimulus are in a state of torpid inactivity; thus the excrementitious parts are retained, till some other stimuli are made use of as substitutes.

In the urinary organ it is not an excess or a deficiency of secretion, that constitutes the most alarming derangement. When the kidneys pour forth the urine in their usual quantity, the bladder, acting as a reservoir, retains it until it becomes properly distended; then, stimulated by its own repletion, empties itself by the yard through the urethral canal.

It is then easy to conceive how great the danger must be, when there is an impediment to the proper emission of this urinary secretion. If by any cause whatever the urine be totally, or so far suppressed, as only to pass off in such a slow state of mic-

nutrition as to bear but a small proportion to the quantity poured into the bladder, this viscus must necessarily become distended to such a degree, that, unless relieved by a very dangerous operation, death must inevitably take place, from the certainty of the bladder being either ruptured or mortified from the too long continued pressure.

It will be necessary to accurately investigate all the different causes that may tend to produce so dreadful a termination. It is a duty incumbent on every practitioner to explain satisfactorily to the world that he is fully master of the department which he undertakes.

Sauvage and Cullen have demonstrated to the world the great utility of nosological arrangement. They have taught us how to affix each disease to its particular class. They have taught us how to distinguish symptomatick complaints from idiopathick affections; yet, strange and surprising, of so many authors who have written on urinary disorders, not one has made that division which the nature of the different complaints evidently points out.

When the urine is impeded in its exit, it must be in consequence of the canal being

contracted from external compression, or else the cavity obstructed from a too luxuriant growth, from an ulcerative surface, a thickening of the lining membrane from a previous ill-heated inflammation, or calculous matter stopping the passage.

A spasmodick contraction of the membranous portion of the urethra, tumours in the surrounding cellular substance, or any peculiar enlargement of the prostrate gland, must necessarily compress the urinary tubes acting as a kind of ligature, producing that affection in the urethra more properly termed a stricture.

Whatever tends to excite an inflammation in the urethra, whether from the action of venereal virus, calculi strongly impacted, or any other irritating cause, the surrounding parts are thickened, the canal becomes contracted, coagulable lymph is thrown forth on the interior surface, in different parts the sides unite, and membranous bands are formed; these sometimes run in a chain-like manner, leaving interstices in a state of perfect soundness.

If the inflammation should not thus terminate, but proceed to ulceration, a too luxuriant growth of flesh takes place, forming

those pendulous excrescences commonly termed caruncles. In long neglected cases there are sometimes such numerous carnosities as to totally obstruct the canal between the lacuna magna and the verumontanum. These new-formed substances, or extraneous bodies, accidentally stopping up the urinary canal, are more properly termed obstructions.

### *Of STRICTURES, SYMPTOMS, &c.*

The alarming consequences attending a urinary suppression, ought to render us very cautious in attending to the first symptoms, that in its earliest stage such means may be adopted, as to remove all fear of danger. Unfortunately it happens, that an obstruction or stricture in its first appearance is generally neglected; the patient is not induced from pain to communicate to any one his state; and he indulges the delusive idea, that what is thus trivial, will spontaneously cease. Thus his flattering imagination leads him to error, till the disease becomes aggravated, the symptoms more alarming, and

his sufferings proportionably more distressing.

And first, it may be necessary to observe, that the urinary canal is so easily deranged, that any disease it is liable to, particularly a clap, or an occasional gleet, will, by producing inflammation, or even irritation in the urethra, frequently terminate in a stricture: supposing this to have taken place, a considerable time may, notwithstanding, elapse before the patient perceives any material inconvenience arising from it; the most common symptoms at first, and even when the stricture is considerable, are the following:—A more frequent desire of making water, and sometimes a slight degree of heat in voiding it; should the person lead a very regular life, those symptoms will be but seldom noticed: as the stricture increases, the canal becomes more irritable; the stream of urine is visibly smaller, and it is often ejected in a scattered or forked stream, frequently attended with heat; the patient is not able to retain his water as formerly, but, on the contrary, is under the necessity of making it suddenly: at this period of the disease, if the patient indulges freely with women, a gleet is produced,

which is often mistaken for a clap, and treated accordingly, and if unfortunately injections be used, the stricture is considerably increased. At this time, spirituous liquors, wine, violent exercise, or excesses of any kind, are apt to cause a suppression, which, if of long duration, frequently terminates in a tumour, or swelling, forming between the anus and testicles; in a short time the abscess breaks, and the urine passes through one or several fistulous openings, until the obstructions be removed; after which the urine flows again through its natural channel, and the fistulas close. I shall here observe, that the symptoms vary in almost every person, therefore, in order to enable patients to judge of their situation, I have subjoined the following symptoms, which very rarely (if ever) happen to the same person.

- A frequent desire to make water ;
- Gleet, occasional or permanent ;
- Pain in the back or loins ;
- Occasional heat in making water ;
- Debility or weakness in the parts of generation ;
- Frequent nocturnal emissions ;

Weak erections, and in the act of coition the emission taking place too soon.

Some of the latter symptoms frequently exist when there is no stricture, but I have so often met them combined with it, that I would earnestly advise the fact to be ascertained.

As the complaint increases, the following symptoms generally take place.

Occasional difficulty and frequency in making water, the stream sometimes divided and dribbling, particularly when the patient lives too freely;

Heat in urining, and sometimes shooting pains, and soreness in different parts of the canal;

Pains in the glands of the groin, brim of the belly, small of the back, and region of the kidneys; and

Soreness in the penis when in erection, from its being bent on one side.

Considerable strictures may sometimes exist without the knowledge of the patient; indeed I have often been sent for by persons

labouring under a sudden suppression of urine: in one of these cases I was obliged to use a bougie of the least size, which I introduced with the greatest difficulty; and the attending surgeon told me, that he had attempted to pass the smallest catheter without success.

The great number of ruptures I have met with in persons afflicted with considerable obstructions, has induced me to inquire particularly into the causes of them; and in many cases the patients have positively asserted, that the violent straining required in voiding their urine, had brought on the rupture.

### *Of the Method of curing Strictures.*

Strictures, when produced from tumors in the cellular substance about the urethra.—To prevent the dangerous effects attending a compression, a bougie of a proper composition ought to be used, in order that the passage may be perfectly pervious. The nature of the compressing tumours ought to be well examined. If they be of a schirrous indolent nature, the exhibition of mercurials

will most probably afford relief. If the tumours be of a phlegmonous disposition, and resolution has been in vain attempted, we should then employ the most effectual means for promoting a suppuration.

When the enlargement of the prostate gland is the cause, it is easily ascertained. The symptoms are slow and gradual, with a suppression occasionally. By introducing the finger into the anus, it is soon perceived, from its enlarged basis pressing on the rectum: this, as it increases, compresses both the urethra and intestinal canal, and consequently suppresses both the discharge of urine, and the evacuation of excrements. It fortunately is a complaint that but rarely occurs, and generally to those more advanced in years. It is a disorder that can only be palliated; although as yet it has never been capable of a cure, yet such means ought to be adopted, as will certainly considerably alleviate and render comfortable the remainder of an otherwise torturing existence. If the prostate be irritable, and in a state of inflammation, proper sedatives ought to be made use of; if it should be of an obstinate schirrous hardness, mercurials should then be administered, as being me-

dicines that specifically act on glandulous bodies. These combined with an almost continual use of the bougies, will render comfortable for years a valuable life, that from mismanagement must inevitably soon be lost.

The most common cause of stricture is, that spasmodick contraction which suddenly takes place, frequently in those who have the canal in an irritable state, from long continued gleet. In this case opiates ought to be administered both by the mouth and by clyster; warm fomentations should be applied to the perinæum, and a bougie should be gently introduced, slowly preserving till it is got into the bladder, and there it should remain till there is a strong propensity to make water.

### *Of the Method of curing Obstructions.*

When obstructions are produced from the formation of membranous bands, bougies are the only remedies that can be depended upon. As sometimes these bands run in a chain-like manner, after the first band is passed with a bougie, a proper and daily use

of it ought to be persevered in until they are all penetrated. When once an opening is made, the bougies should be gradually increased in size, until the obstructing substances are entirely removed.

In general the most troublesome obstruction is that produced by a venereal ulcer. It is this which gives rise to those troublesome fungous excrescences which produce the most painful suppression. From a long-neglected ulcer in the urethra, these spongy fungi will sometimes so occupy the whole urinary canal, as to leave but a small opening for the passage of the urine. The small contractive force necessary to expel the water, in general so completely obstructs this diminished passage, that a very small quantity can but rarely be discharged at once; then the miserable patient suffers all the pains attending an over-distended bladder; a continual want to make water, yet a perfect inability. The urine acting on the obstructing fungus, inflames the whole canal between the interrupting portion and the bladder; ulcerations ensue, the urine insinuates into the cellular texture of the perinæum, and a protuding tumour is felt

forming an abscess, which terminates in one or more fistulous openings.

From a long continued acting of the water on this fungous excrescence, a calculous incrustation will sometimes take place, and consequently the obstruction is proportionably increased. In no case whatever is the utility of a bougie more evident than in the present: a bougie of that particular composition that is best adapted to the peculiar nature of these complaints, acting by a gentle penetrative power, as well as by a specifick suppurative property. It is not the mechanical properties of smoothness, pliability, and strength, that solely suffice to constitute a proper bougie; it ought to possess properties independent of its dilating powers; properties of entirely dissolving those obstructing substances. To the faculty in general I appeal, whether they do not often meet with fungous excrescences on an ulcerative surface, that will not bear the application of simple liniment, yet feel easy and comfortable under such stimulant dressings as tend to counteract the existing morbid action. Is not nature uniform in all her actions? Does she not pursue the same steps in an interior as in an exterior ulcer?

Certainly: nature always exerts herself according to existing circumstances, and in similar cases she proceeds similarly. Thus in the urinary passage, a mere mechanical bougie would not have those speedy and beneficial effects, as one, the composition of which is peculiarly adapted to the nature of the complaint. These particulars have not been sufficiently attended to, and that is the reason why persons cannot bear one of the simple formed bougies for a length of time. In Mr. Hunter's most favourable cases, we find that his patients rarely could bear them more than two hours; while many of my patients now pass whole nights with one of my own improved medicated bougies, and that, without experiencing the least inconvenience.

The bougie that is used at first should be very small, but the common sort not having a sufficient degree of firmness to be capable of being formed into a finer size, Mr. Deaze, of Dublin, has recommended medicated catgut, but in obviating an inconvenience, he has fallen in another equally disagreeable, for catgut, however well prepared, produces in general a very uneasy sensation: to remedy those defects, I have succeeded in pre-

paring bougies with superior properties, and of a degree of fineness, equal to that of the catgut.

*Of the Cure of Gleets, Seminal Weakness, Incontinency of Urine, and Prevention of the Stone and Gravel.*

A gleet, or seminal weakness, is a continuation of that discharge which was originally produced by a too violent and frequent exertion, or else by the action of the venereal virus on the lining membrane of the urethra, a discharge divested of any infecting properties. The secreting surface continues it from an over relaxation; this debilitates and destroys the tone, and becomes a remote cause of spasmodick contractions. In this case a well contrived bougie rouses it into proper action, diminishes the too abundant secretion, and restores the parts to their pristine vigour.

*Incontinency of Urine.*

In all the excretory organs there are two powers, an expulsive power and a retentive

one. How disagreeable it would be were excreted matter to pass off continually! Nature has appointed a proper reservoir, endued with the power of retaining it, until from repletion, it becomes necessary it should be discharged. When the sphincter ani loses its tone, the excrements pass off involuntarily. If then, the retentive sphincter round the neck of the bladder loses its contractive power, the urine must gradually pass off in drops. To remedy this atonick state, a proper bougie should be used, such as would gently stimulate the relaxed muscular fibres; this will enable them, by a little perseverance, to perform their proper function.

### *Of the Prevention of the Stone and Gravel.*

Persons who have the misfortune of having their water impeded, whether by stricture or obstruction, are necessarily subject to all the calamities attending a too long retention of urine. The two lamina of muscular fibres surrounding the bladder transversely and longitudinally, constantly exerting themselves to expel the urine, produce a

morbid thickness in the substance of the bladder. Notwithstanding this increase, it becomes less firm, and sometimes gives way so much, as to form a sacculus or pouch. Here the urine enters, and not passing off upon any contraction, deposits by stagnating, a calcarous matter, which gradually forms into a considerable stone. If, upon the least appearance of any impediment to the flow of the water, a proper bougie had been used, the canal would have been sufficiently dilated, and this distressful train of symptoms would have been prevented.

Independently of the numerous good effects of bougies, in curing strictures and obstructions, in removing gleet, seminal weaknesses, and incontinency of urine, they are likewise useful in a superior degree, to discover the nature of complaints that could not well be otherwise ascertained. If, upon any complaint, a bougie be introduced, and only a very small quantity of urine comes away with it, it shows that the bladder is in a diseased state: while, on the contrary, if the urine flows in a proper stream, the disease must be either a stricture, or an obstruction.

The dangerous consequences attending suppressions of urine, ought to induce every person, labouring under the least obstruction, or the slightest stricture, to have immediate recourse to remedies, easy in their application, and certain in their good effects. From a thousand accidental causes an apparently trivial obstruction may suddenly produce an alarming suppression, while, on the contrary, when a bougie can be worn, no dangerous consequences can possibly ensue.

*The Action of Caustick on Urinary  
Obstructions.*

Caustick has often been applied to remove obstructions in the urinary passage, where the diameter of the urethra is so diminished as to prevent the introduction of a bougie, and obstruct the free passage of the urine. Mr. J. Hunter is the most powerful advocate for this practice, and from the deserved reputation he had acquired, it was easy to suppose it would have been generally adopted: in opposition however, to such high authority; I am obliged to object to this mode of treatment, because I am convinced from

long observation and experience, that it is a method which we ought not to adopt, for, besides being very *precarious*, and frequently *unsuccessful*, it is generally attended with *dangerous* consequences.

That it is a *precarious* remedy would at once appear probable from reasoning, without the support of experience, since it is applied in cases where we cannot determine either the precise situation, or the extent and limits of the stricture, on which the chance of success so materially depends: when the stricture is very narrow, and forms merely a line across the canal of the urethra, it may sometimes be used with success; but when the stricture extends some way through the passage, I will venture to assert that it will not accomplish a cure; but failure in the attempt is not all that we have to apprehend from the use of caustick, a more dangerous consequence in general ensues. The surgeon not being able to discriminate between those cases in which caustick can effect a cure, and those in which it can not, repeats it twice, thrice or perhaps oftener, in hopes of succeeding by perseverance; in doing this, he applies it very frequently, not to the stricture in the direction of the pas-

sage, but to the sides, which exciting an irritation, occasions inflammation and sup-  
 puration, which terminate in a fistulous  
 opening through the sides of the urethra.  
 I remember an instance of a sailor, who  
 having a stricture in the urethra, had neg-  
 lected the application of proper remedies,  
 until the disease had become considerable.  
 The urine was discharged in a very small  
 stream, and with a great degree of pain; in  
 this situation, recourse was had to the  
 caustick; it was renewed seven times suc-  
 cessively without effect, and from having  
 produced inflammation in the part to which  
 it was applied, it completely obstructed the  
 flow of urine: either the man must have dis-  
 charged it, or death must have been the con-  
 sequence—there was then no alternative, but  
 that of tapping the bladder, or opening the  
 passage of the urethra. The surgeon deter-  
 mined upon the latter; he introduced a  
 hollow bougie down to the stricture, and  
 made an incision upon it; he then en-  
 deavoured to divide the stricture, and thus  
 convey the hollow bougie into the bladder,  
 but the difficulty was much greater than  
 was expected, the canal was obstructed for  
 above half an inch, and there being nothing

to direct the knife to the part of the urethra below the stricture, it was a long time before it could be found in the collapsed state of the parts, and the patient supported the pain for at least half an hour before the operation was completed, and when it was, the danger was not removed, there being great reason to dread that the urine, instead of passing regularly through the tube, would insinuate itself into the cellular substance of the scrotum, and occasion much inflammation, and a sloughing of that part; fortunately however, the patient escaped those effects, and within a fortnight from the time of the operation the wound was healed.

This case is sufficient to prove the inefficacy, and even the danger of caustick in some cases of stricture. If in this instance, instead of having recourse to the caustick, a bougie of proper size and consistence had been used, and one of the smallest had been tried with judgment and caution, it would in all probability have answered the purpose, and prevented the necessity of those desperate means, which had nearly occasioned the death of the patient. Another circumstance which we should also observe, with respect to these

complaints, is the direction of the canal being altered or thrown towards one side, for in this case the use of caustick is still more hazardous. In the introduction of a bougie, we have occasion to bear this peculiarly in mind, and by bending the point of it we are often enabled to pass it without difficulty, but with caustick we are not able to do this. From what I have already observed, I think it will be sufficiently obvious, that this treatment, though it has sometimes succeeded, is very precarious; where it does succeed, it must have been, as we have previously said, in those cases where the stricture is narrow; and then it is that Mr. Hunter has recommended it to the world in the plates which accompany his work on the *Lues Venerea*; according to those representations nothing would appear more promising and certain, but those cases we do not always find, nor are we able to select them. Mr. Hunter's method of applying this was through a silver canula, by which means the sides of the urethra were not likely to be injured in passing it down: he made use of the lunar caustick, as being more limited in its action. Mr. Home has varied the mode by inserting a piece of the

caustick in the point of a common bougie, but this, as it exposes the urethra to it's action more than the other, seems to be more exceptionable.

My own experience and the numerous instances in which I have seen the most pernicious and alarming effects arise from the use of causticks, induce me to reprobate in the strongest terms, that dangerous mode of treatment. The case which I have already adduced, and those I mean to subjoin, will, I hope, convince the public, that my opinion on that subject has not been lightly and inconsiderably formed. In support of it I shall make numerous and interesting extracts from that useful publication of Dr. Rowley's, which I have mentioned in the introduction to this treatise; and I flatter myself, I shall, not only point out that the application of causticks is very inefficacious, but that the most dreadful complaints are generally the result of that very rash mode of treatment. That such has been the decided opinion of the most celebrated practitioners for the last two centuries, the following extracts will incontestibly prove. That it is likewise the opinion of the eminent professors of the faculty of the present day, will be seen by

quoting Dr. Rowley's, and that of several other gentlemen. :

Any medical delusion, that has the air of novelty, however irrational in principle, or destructive in consequences, is sure of obtaining temporary admiration, not only from a certain class in the profession, but from the credulous and uninformed part of mankind in general. The former, as they should know better, are inexcusable, and deserve severe censure; the latter, as their errors arise from an ignorance in the art, merit pity and commiseration.

Amongst many wild projectors of the present day, none have produced more mischief than the patronisers and practisers of *causticated bougies*. The revival of this barbarous practice has been lately affirmed without hesitation, as a new invention, the grand invention and improvement of the late Mr. John Hunter. This assertion is the reverse of truth, as will clearly be proved by extracts from the writings of Ambroise Paré, and different authors, for above two centuries. The severe animadversions that will appear on the subject from the most practical surgeons, and the most unequivocal proofs of the devastation and destruction of caustick

bougies applied to the urethra, it is presumed, will deter all, but the proud, conceited, and obstinate, from ever repeating those acts of cruelty.—“Hominum est errare; sed in errore perseverare diabolici cum”—They have brought an indelible disgrace on that art, which should be always exercised, as much as possible, in the warmest acts of benevolence and humanity, instead of rash and wanton barbarity. The claim of the invention will not be eagerly disputed, when the manifold miseries resulting from it are well known. It will not be the ambitious cities of Greece wrangling for the honour of having given birth to Homer; but quite a different fame must the vain-glorious boasters adopt—the fame of that monster who, sooner than not appear singular for some great, extravagant and wicked deed, fired the temple of Ephesus, and expired amidst the flames of his creation, leaving a detestable reputation universally execrated by all posterity.

That great and excellent practitioner, Saviard, chief surgeon of the Hotel Dieu, at Paris, has delivered two of the most horrid instances of the destructive effects of *caustick bougies* applied to the urethra

by daring ignorance, that ever disgraced the art of surgery. These cases, and other proofs of a similar nature, deterred all learned, skilful, and humane surgeons from adopting this method for nearly a century. How it has happened that the present race of causticators were not apprized of these facts, it is impossible to determine; for if they had, humanity would have saved many human victims, that are now daily sacrificed at the altar of daring and obstinate rashness.

### *SAVIARD's CASES.*

“ May 24, 1692, I was sent for to the suburbs of St. Anthony, to examine a person who had a retention of urine, occasioned by a wax candle (bougie) being thrust into the penis, which he had purchased of an Empirick, who boasted of his skill in curing carnosities.

“ The bougie, being armed with a strong caustick, had made a considerable eschar in the sphincter of the bladder, and much inflamed the canal of the urethra. A cystis was formed in the place of the eschar, wherein the urine fell, instead of passing by the natural channel to be discharged through

the penis; however, I passed my catheter across the cystis, and thrust it into the bladder, in order to discharge the urine.

“ I perceived the blackness of the internal gangrene in perinæo through the integuments, notwithstanding; and the violence of the distemper induced me to desire a consultation, to strengthen the design I had of performing the operation called a puncture in perinæo, to facilitate the application of medicines to the disorder; neither had I room to expect that I could introduce my catheter into the bladder a second time with the same success I had done before.

“ Messrs. Bessiere and Marechal were called in; who were of opinion, that, for the more speedy relief of the patient, whose bladder was distended by a large quantity of urine, it would be proper to introduce immediately a catheter to evacuate that excrement. But the putrefaction had made so great a progress, that the parts effected forming no canal, it was impossible, as I had before predicted, to pass my instrument beyond the cystis formed by the eschar, and consequently to evacuate more urine than was contained in that.

“ Nevertheless, the inflammation of the bladder, occasioned by burning the urethra, had communicated itself to the abdomen, which was perceptible by its violent and painful tension. The patient lost his strength, and all the hopes remaining, depended on the success of this puncture. I performed it, in the presence of these gentlemen, upon the canulated probe introduced into that cavity, and then passed a small female catheter into the bladder by the incision I had made before, and repeated the introduction of it three or four times per day, to evacuate the urine during the life of the patient; for the inflammation of the abdomen increased so fast, that shiverings, vomiting, and hiccup supervened, which were the forerunners of death.

“ A priest, of St. Genevieve des Ardents, came to the hospital at the same time, cruelly tormented by the effects of such another bougie; but the accidents were so sudden and violent, that there was no time for relief, the poor ecclesiastick dying in twenty-four hours.”

These murderous effects of caustick bougies ought to be held out as a beacon to warn all future practitioners to avoid such

shocking practices, for which the authors merited capital punishment, though they escaped with impunity.

It might, indeed, be urged as an excuse, that Mr. Daran's method of treating urethral obstructions was not known at that period; but what excuse can the present destroyers of human life frame as a justification of their cruel, most cruel! and often fatal projects!

Verdum published in 1703, *Pathologie de Chirurgie*. After giving the practice of his time similar to preceding authors, he says, that some practitioners even applied the actual burning red hot cauter, &c. and he proves positively that a sound, made nearly red-hot in fire had been passed through a tube to destroy the excrescence, and to serve as an actual cauter. Is it possible to conceive any application more irrational or barbarous? It is sufficient to make all human nature shudder at the cruelty of such surgery: well might the author say, that the operation was very *painful* and *difficult to perform*. How lost to all sensibility must those have been who applied such a fiery remedy to so exquisitely sensible a part as the urethra!!

That great practitioner *Astruc*, who was the first person who collected the practice of every author before him, and gave a complete history of the venereal disease, was well aware of the mischiefs produced by corrosives, first brought into practice by Alderet, professor of medicine at Salamanca in Spain, and afterwards used by most succeeding authors, until repeated and fatal experience compelled every rational practitioner to relinquish them. It would be unnecessary to adduce the various arguments for the total abolition of the practice (*Traité des Maladies Vénériennes*, lib. 3. ch. 4. ) he was, however, decidedly averse to the application of such violence, and says, “ This method, which has been so long adandoned, and now employed only by ignorant empirics, was succeeded by another, apparently preferable; but which has fallen into similar disuse,” &c. He then describes those cruel operations of cutting into the urethra, destroying the cause of obstruction, and healing the external wound, as particularly mentioned by *Sharp* in his *Critical Inquiry*.

Mr. *Col de Villars*, speaking of habitual strangury, mentions five modes of treat-

ment, of which catheticks or corrosives are the first; the incision of the urethra the second; graduated bougies the third; the introduction of tents the fourth; sounds of lead, likewise graduated, the fifth.

“ The first writers,” says this learned author and great practitioner, page 222, “ accuse excrescences as the only cause of this malady; they endeavour to consume them by the means of corrosives or causticks, which they introduce into the urethra with bougies; but these remedies *inflame, corrode* and *ulcerate* the canal, and consequently augment the evil.”

Palfyn says; “ There are practitioners sufficiently rash, to attempt to open the passage of urine by means of bougies, armed with remedies that corrode and consume; but it happens that caustick rash remedies augment the dépôt and inflammation, and cause a total suppression of urine; but if these cathetick and consuming modes even succeed in opening the passage of urine, in causing a suppuration of the swellings or obstructions, and in cicatrising the ulcers by other bougies, charged with desiccatives, or drying remedies, and dilating the canal afterwards by graduated leaden probes, and

which renders the passage of urine free; yet this succour and apparent relief are not always of *long duration*; for new ulcers, formed by the causticks or consuming remedies, will render the canal more susceptible of inflammation. If the patient be irregular, or contract a fresh gonorrhœa, the acrid urine causes *new swellings* and *obstructions* about the *multiplied cicatrices*, and the urine lodging, and having acquired a supreme degree of acrimony, excoriates and pierces the urethra, and reflowing on all sides, forms fistulous abscesses in different parts of the scrotum, &c. in a manner, that the urine passes out by these sinuities, instead of the ordinary canal; and when these fistulous ulcers have remained a long time, they are *not curable*, except by making large incisions in the scrotum, in order to suppurate all the callosities, &c. How many miserable objects have lately suffered, and are suffering at this moment, not only in London, where they suppose the caustic practice is best conducted, but in different parts of the kingdom, and in all parts of Europe, wherever this rash practice has lately prevailed.

Mr. de la Faye, who has illustrated *Dioni's* Surgical Lectures, by copious and learned observations, when treating of operations about the parts of generation, admits excrescences in the urethra, contracted cicatrices, swelling of the prostate gland, amongst the most usual causes of impediments in discharging the urine; he notices the fatal effects of *causticks* applied to the urethra, as described by *Saviard*, and mentions the appearances observed by himself when dissecting persons, who were destroyed by the practice, which he reprobates in the strongest language, and expresses astonishment that any persons *dare attempt such violence*, after the numerous attested facts of its destructive influence: *fistulous ulcers*, *mortification*, and other *alarming infections*, have been, says he, the *immediate consequence*.

Daran, whose experience was superior in obstructions of urine, to that of any other practitioner that ever existed, says, “ It is necessary to proscribe the practice of *causticks*, &c. as they inflame, excoriate, corrode, and ulcerate the urethra; but they do worse mischief, for they act not always upon the *part* intended to be *consumed*; and

they *corrode* and *destroy* sound parts that we have an interest in *preserving*. I have seen destructive examples of this among patients, where the *caustick* has *left the excrescence* intended to be *consumed*, and has produced in the neighbouring parts a *fistula*, with a considerable *loss of substance*, not only of the *canal*, but also of the membrane, which covers the cavernous bodies."

After much more sensible reasoning, the skilful author gives it as his decided opinion that, *corrosives increase* instead of *relieve* a strangury; for as they cause irritation, they must necessarily *contract* the urinary canal, instead of *enlarging* it.

Mr. Samuel Sharp, late surgeon at Guy's Hospital, whose great experience and correct judgment have universally been acknowledged by every learned and candid practitioner; in his *Critical Inquiry* into the present state of Surgery, after treating amply of the diseases of the urethra and their mode of cure, observes, "There have been at all times *enterprising men* who have endeavoured by *escharotick* applications at the extremity of their bougies, to make way through those obstructions which resist the bougie, or leaden probe; and, to say

the truth, this practice has been *avowed* by the ablest surgeons of the two last centuries; but at present it is universally *condemned*, and, indeed, has been so almost ever since *Saviard's time*.

“ The objections to the use of *causticks* were, the difficulty, and almost the impossibility of directing them so as to *eat* through all the diseased parts of the urethra, without *destroying* the sound part; the impracticability of preventing the urethra from *contracting* when it healed, as much, if not more, than it was at the time of applying the escharotick: and lastly, the *pain* was so excruciating, and perhaps the application so *poisonous*, that an immediate mortification of the scrotum, penis, and bladder, was sometimes known to ensue; and upon these accounts the use of escharoticks seems to have been entirely rejected.”

That most excellent of modern surgeons, Heister, professor of surgery and physick at Altdorff and Helmstadt, author of the most complete system of surgery ever published, after a practice of nearly fifty years, mentions the mischevious effects of causticks in urethral obstructions, and reprobates strongly the use of violent corrosive methods, affirm-

ing that those diseases are curable by a milder treatment.

Mr. Benjamin Bell has written on the gonorrhœa and its consequent affections; he severely animadverts on the mischievous effects of caustick, affirms that it seldom or never, answers the purpose for which it is applied, and observes, “ This practice prevailed upwards of a hundred years ago, but, being both *hazardous and uncertain*, it appears to have soon been relinquished. It has lately, however, been revived, or rather an attempt has been made for reviving it, by the late Mr. Hunter, of London, and still more lately by Mr. Home. But as I consider the practice attended with danger, and not likely often to answer the purpose, I shall briefly state what leads me to form this opinion, &c.

“ The introduction of caustick into the urethra must prove hazardous from two circumstances; our not being able, even with all the pains we can take, to apply it to the *stricture alone*, without injuring the *contiguous part* of the urethra; and the risk there must always be, of some small portion of the caustick breaking off and remaining in the passage.

“ On these accounts it would appear, that, for the removal of strictures in the urethra, the application of the caustick is either *unnecessary*, or in a very considerable degree *unsafe*, and at the same time of very uncertain effect. In other parts of the body, we all know how difficult it is to remove even the callous edges of an ulcer with caustick; that *new parts* seem often to form below, before the eschar produced by a previous application of the caustick has come off. I have no hesitation, therefore, in saying, that in similar affections of the urethra, proceeding to the extent which we here suppose them to have done, caustick would be altogether inadequate for the purpose, or that it must be applied in such quantities as to be productive of *much hazard*.”

Dr. Rowley—This eminent physician, after repeated and unanswerable argument against the use of caustick remedies, says, “ Numerous instances have lately proved, not only the inefficacy of causticks to remove obstructions of the urethra; but likewise many additional injuries to that canal, which did not exist before the caustick was applied, and which were the evident effects of escharoticks. 1. Violent acute pains. 2. Inflam-

mation of the urethra, prostate, and bladder. 3. Elevation of the destroyed part, eschar, or slough. 4. Hæmorrhage, or profuse bleeding. 5. Deposition of urine in the cells of the cellular structure of the perinæum, scrotum, or penis. 6. Abscess. 7. Ulcers often incurable. 8. Total suppression of urine from thickened membranes. 9. Mortification. 10. The most painful death.”

After treating at large of the above dreadful consequences arising from the use of causticks, the doctor cites two cases, which, he hopes, to use his own words, “ may prove a lesson of caution to the causticators, and perhaps may deter the affected from suffering such dangerous experiments on some of the most exquisitely sensible parts of the human body.” Sincerely wishing they may produce that effect, I have here subjoined them.

### *CASE.*

“ An officer had experienced frequent gonorrhœa; in some he suffered the use of astringent injections, by the advice of a celebrated though rash surgeon. For a long

time he felt no ill effects; but as he advanced in life, the urine in his passage was obstructed, with an evacuation of mucus. I recommended mucilaginous and oleous remedies; and occasionally, in case of temporary obstruction, to pass a bougie. The patient, pursuing his pleasures and free living, would not submit to any regular plan of cure. In this manner he proceeded some years without any great inconvenience. In the spring of 1799, I was again consulted, and on examining the urine, instead of mucus, I perceived a greenish coloured purulent pus, fetid in smell, and disagreeable to the sight. This was accompanied every morning on waking, with an obstruction of urine, which could not be removed without the introduction of a bougie.

“ On examining the case accurately, I discovered the ulcer was near the verumontanum. Through an ivory tube, the end of which came as near as possible to the part affected, was injected a small quantity of *lotio penetrans*, in order, if possible, to deterge the foul ulcer. A dry regimen was recommended, and innocent mucilaginous diet. Internally was taken *solutio antimonalis mercurialis* in decoction of sarsaparilla;

which greatly assists the cure of most evil ulcers. The patient continued the plan for three weeks; the pus amended in quality and diminished in quantity. The patient was much relieved. Wishing to expedite the cure, a grain more of the *hydrarg. muriat.* was added to eight ounces of the *solutio penetrans*, but this the urethra of the patient could not bear. *One grain to eight ounces* of water was all that could be admitted. This plan succeeded in rendering all the symptoms better; and the pus very much diminishing, so as to be very little in quantity, to three ounces of *oleum amygdalarum* was added one dram of *extractum saturni*, and conveyed to the part affected in the urethra. This answered well, and little appearance of ulcer remained; but still mucus issues with urine, which I have reason to conclude will continue through the remainder of the patient's life. Some time after this, I was informed by the attendant surgeon that the patient had been persuaded to have *caustick bougies* applied, as a radical cure for this complaint; instead of which the ulcer was produced in the urethra, where no such disease was before. A friend of this gentleman's *lost his life* by the *caustick*

*bougie* practice, which so alarmed the officer, that he resisted all further persuasion to have it introduced; or he might have shared the fate of his more credulous friend."

*CASE where the Caustick was applied above one hundred times.*

" A respectable tradesman, who had been treated by astringent injections above ten years since, soon after found a stricture in the urethra, which he occasionally removed by a common *bougie*; being too irritable to undergo a proper course. Lately this patient applied for my opinion again, when, on examining, I perceived the whole flap of the shirt stiffened like buckram, and covered with purulent pus and sanies. The evacuation of urine was greatly impeded, and on every expulsatory effort, violent agonizing pains were experienced. The patient said he had been nearly *two years under a caustick bougie course*, that he had suffered the caustick *bougie* to be applied between one and two hundred times. Every time he experienced the most exquisite pain and misery, and at times *much blood* issued. In

this manner he continued suffering torture, while the causticating artist confidently promised him a certain cure in the end. The reverse, after this repeated misery, pain, and treatment, was the consequence. Every day there is such a purulent and sanious stinking discharge issuing from the ulcers, as to be horrid to behold. I requested my neighbour, Mr. Kerrison, formerly my pupil at the St. Mary-le-bone Infirmary, to pass a bougie. He found three obstructions in the neighbourhood of the verumontanum, prostate, and neck of the bladder, which twisted the point of the bougie into a spiral form, something similar to a corkscrew. I declared the case to be incurable; but he might try medicated bougies with Daran's unguent, which Mr. Kerrison applied repeatedly. The misery of this unfortunate patient is beyond description horrid. There is little probability of relief, or even a palliation, during the remainder of his life, and indeed *death* under such distressing circumstances must be considered the greatest consolation. The shocking *tortures* this unfortunate feels are nearly sufficient to make him commit suicide, as the most certain means of relief."

After the above cases, the doctor thus speaks of the *mortification* so frequently produced by caustick applications; “ Dis-  
 “ sections *post mortem* prove, that where  
 “ gangrenes have happened from the effects  
 “ of causticks administered to the urethra,  
 “ they are frequently different from the  
 “ symptoms common to other mortifications.  
 “ In other gangrenes a cessation of pain  
 “ accompanies mortification; and though it  
 “ may be the forerunner of death, yet pain  
 “ diminishes in proportion as the gangrene  
 “ advances in its road to fatality. This  
 “ may be observed in mortification of the  
 “ intestines and many other parts; when  
 “ syncope, cold sweats without pain, are  
 “ the concomitants; the patient is frequently  
 “ sensible to the last, and with a mind but  
 “ a moment before perfectly correct, dies!  
 “ On the contrary, when a mortification,  
 “ succeeding causticks applied to the ure-  
 “ thra, commences and proceeds, the un-  
 “ fortunate patient is in violent agonies;  
 “ nothing but piercing cries, groans, and  
 “ shocking lamentations are heard; not only  
 “ while the affected retain their senses, but  
 “ apparently after all the mental powers are  
 “ abolished. By the mournful and tristful

“ tones, short breathings, and miserable  
 “ gesticulations, every reflecting spectator  
 “ of the tragick scene must be struck with  
 “ conviction of the internal and distracting  
 “ sensations; and this often continues until  
 “ the last breath before the wretched patient  
 “ expires.

“ These are a few of the deleterious con-  
 “ sequences of causticks. The abolition  
 “ of the sublimest pleasure which man en-  
 “ joys by the act of coition, and the im-  
 “ practicability of procreating the human  
 “ species, from impotence in the ejacu-  
 “ lation of semen, are trifles light as air  
 “ in comparison to the torments already  
 “ described.”

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From a great variety of cases, I have  
 selected the following, supposing that, as  
 they are different from each other, they  
 may, on that account prove interesting, as  
 they will evince that, the medicated bougies  
 act with an equal degree of efficacy on every  
 species of obstruction, from whatever cause  
 it may proceed.

## CASE I.

A gentleman, when sixteen years of age, contracted a complaint, which he endeavoured to cure himself; finding his attempts ineffectual, he applied to Mr. Walford, surgeon, near Bow-lane, Cheapside. From this period he perceived a little difficulty in making water; and labouring under a chordee, a sudden hæmorrhage took place, from the rupturing of a vessel on the interior surface of the urethra. After this time the obstruction gradually increased. Being persuaded by some people that the slowness of urining was owing to some gravelly symptoms, he had recourse to a variety of diuretick medicines. Still the complaint increased; and about seven years after the first application to Mr. Walford, he perceived his water for some time totally obstructed: this suppression continued on him for six hours. He had no particular return for two or three years, then being with the Northamptonshire militia, encamped at Chatham, he was suddenly attacked again, and with very great difficulty the water was drawn off by the

catheter. From this time, he always found it very troublesome to make water; this difficulty augmented continually for six or seven years; when one evening indulging himself too freely with some punch, he was attacked with so violent a suppression, that for forty-eight hours he could not pass any water, notwithstanding the repeated attempts of Mr. Cruikshanks and other eminent practitioners. Mr. C. declared, that, during the whole course of his practice, he had never met with so obstinate an obstruction. The catheter had been introduced with such extreme violence, that a considerable hæmorrhage ensued, and such inflammation was excited as to enlarge the scrotum to about twenty inches in circumference. The perinæum was in that tumid state as actually to ulcerate. By the use of the warm bath, he at last procured an evacuation. He had continually a copious white discharge from the urethra, and, when making water, was always under the necessity of being supported, either by seating himself, or if accidentally in the street, by leaning against a wall, and could make it only in very small quantities. The bladder, constantly distended, produced an uneasy sensation

round the brim of the pubis, and extending to the loins. These complaints gradually increased till the water passed off drop by drop. On the 4th of March, 1793, he applied to me, at which time, he was always in violent pain when making water. He was then nearly forty years of age. I introduced a bougie, which passed through one obstruction without producing much pain: this was situated near the lacuna magna. On continuing to introduce a bougie, I perceived a second obstruction, situated near the membranous portion of the urethra; this I could not at first penetrate. By introducing two bougies a day, on the 7th of March I accomplished an opening through the second obstruction into the bladder. After this the patient passed off his water with great freedom, and found himself in a very comfortable state. On the 10th, upon a too violent mental exertion, he perceived a painful contraction of the urethra round the bougie, which had then been retained about two hours. This brought on a general irritation of his body, the urinary canal could no longer bear the stimulus of the mildest bougie, and the water was passed in excruciating agonies, particularly at its

termination. In this state it would have been imprudent to persevere in introducing the bougies. By the use of anodyne glysters, and anodynes internally, I so far removed the great sensibility prevailing in the system, that on the 16th I succeeded in introducing another bougie. These were daily repeated without occasioning the least uneasiness. In a short time he was free from pain, and passed his water with the greatest ease. On the 18th a calculus came away, which seemed to have been formed in a depression behind the obstruction. By proper attendance, he was perfectly cured in the course of two months, and has never experienced the slightest return of the complaint.

## CASE II.

A naval officer, from the imprudent use of strong astringent injections, in order to cure a fresh contracted venereal complaint, had an obstruction, which increased upon him for two or three years. He had recourse to bougies, which he used himself for a considerable length of time, without expe-

riencing the least relief. He thought the bougies passed easily the full length of the urethra. Thus he continued lingering, his water passing off only by one or two small streams. At last he applied to me, and on introducing a proper sized bougie, I soon perceived a considerable obstruction near the neck of the bladder. In the course of three or four days I passed a bougie, which I gradually increased in size, and he soon experienced neither obstructions nor inconvenience in passing his water, and is now radically cured.—This case shows the great necessity there is in being well assured that the bougie has entered the bladder. This gentleman might have eternally tormented himself by using bougies, if I had not perceived the obstruction was so high situated.

### CASE III.

A gentleman about seventy years of age, complained of an uneasy sensation about the perinæum, particularly in sitting down. His apothecary thought it was a chronical inflammation of the fascia covering the surrounding muscles, and recommended

embrocations of every kind. Leeches and blisters were applied, but to no purpose, and his complaint was considerably aggravated. He now found a difficulty in making water, and occasionally had an obstinate costiveness, which increased to that degree, that he was under continual apprehensions of a total suppression. When he applied to me, I examined accurately his different symptoms, and made no doubt but that they originated from a diseased prostate. I found a considerable resistance to the introduction of a small bougie. I ordered some fomentations to the perinæum, and emollient clysters; by continuing these a few days, and gradually increasing the size of the bougies, he found himself much easier. He persevered in the use of bougies, and soon found the canal as much dilated as usual. By pursuing these means, and taking gentle purgatives, he was so much relieved, as to find very little inconvenience from otherwise a dangerous and incurable disorder.

## CASE IV.

An officer of the guards, about twenty-eight years of age, was, in consequence of an ill-managed clap, afflicted for eighteen months with a disagreeable gleet, and sometimes perceived a little impediment in his flow of water. He went through the whole routine of the materia medica to no purpose. Astringent vitriolic injections, bark, cold bathing, &c. did not even afford him a temporary relief. On applying to me, I introduced one of my medicated bougies, and perceived a little stricture near the curvature of the penis. For the first two or three days the discharge increased, but gradually changed in appearance from a thin watery discoloured fluid, to that of a natural exudation, which lubricates the lining membrane of the urethra. This gradually decreased, and in the course of three weeks he found himself perfectly well.

## CASE V.

A merchant at Liverpool, in consequence of a violent fever, laboured under an incontinency of urine, so that it came away at last in an involuntary state. Blisters had been applied to the perinæum, and cantharides given internally without any salutary effect. He at last wrote to me, and I sent him some of my bougies, with proper directions how to use them. For the first fortnight he did not experience much relief, but by persevering about six weeks, he found he could retain his urine; and soon informed me that he was perfectly cured.

## CASE VI.

A gentleman, about thirty-five years of age, accidentally informed me, that he laboured under a gravelly complaint, and said he felt violent pains round the loins, particularly when making water, which sometimes would suddenly stop; indeed he had every symptom that indicates the existence

of a stone. Some persons advised him to have recourse to some of the advertised solvents: I recommended him to be cautious in the use of those caustick alkaline drops, and to be previously certain that such a disease actually existed, as in some cases polypous tumours in the bladder have actually been mistaken for calculous bodies, and the operation performed. He consented that a long bougie should be introduced, in order that the nature of the complaint might be ascertained; I was much surprised to find an obstruction from a kind of pendulous fungus about the neck of the bladder; it appeared to me that might fortunately be the cause of all his symptoms. I persuaded him to give the bougies a trial, and in the course of a week or two, he found no further obstructions when he made water. All the symptoms of an existing stone gradually disappeared, and the gentleman was very thankful that his constitution had been saved from the violent effects of caustick solvents.

## CASE VII.

A gentleman, about twenty-three years of age, had for a long time laboured under such an obstinate obstruction, that, upon the least indulgence in company, the parts were immediately rendered so irritable, that he was in excruciating agonies when he passed his water: even when he lived very abstemiously, he experienced a painful difficulty. He was in continual terrors, and his existence was miserable to him. He consulted various professional gentlemen, some of whom recommended injections, others internal medicines, but all to no effect. His constitution became so reduced, from so constant and lingering an irritation, that some of his friends urged him, as a last resource, to make use of bougies, to which he consented, and purchased some of the common sort: after suffering violent pains, he at last succeeded in passing one; but it was succeeding to suffer more pain, for he had the resolution of bearing for half an hour the agonizing stimulus of these ill-formed, irritating bougies. Again his friends

persuaded him to try another day: he submitted. The effects of the second produced a violent inflammation throughout the whole urinary canal. He was then incapable of moving, and at that period he applied to me. His system was too violently agitated to bear the trial of one of my bougies. I ordered him some cooling emollient clysters, fomentations externally, and proper salines internally. On the second day I attempted to introduce one of my bougies, and succeeded in passing through the obstruction which was situated in the neck of the bladder. He experienced some little degree of pain, in consequence of the general soreness produced by the other bougies, but was much surprised at the little irritation it caused. After having retained it about half an hour, he had a desire of making water, and the bougie being withdrawn, the urine flowed pretty freely. The next day he was hardly sensible to its introduction, and bore it two hours; he afterwards retained two a day with ease. Regularly persevering for about two months, he found himself free from an oppressive complaint, which he once thought would only terminate with his existence.

## CASE VIII.

A military gentleman, about thirty years of age, had neglected a slight obstruction in the urethra, and the consequence was, that an inflammation being produced from the continual action of the urine, an abscess was formed, which terminated in two small fistulous openings in the perinæum. In this state he was in considerable pain for many months, with a small watery discharge continually passing from him, so that he was always in a wet, uncomfortable situation. Having in vain tried numerous applications, he at length, by the recommendation of a professional gentleman, made use of bougies. He continued these for a length of time, always experiencing considerable pain on every introduction, without finding the least relief. He then applied to me, and after examining particularly his situation, the nature of the obstruction, and the direction of the fistulous openings, I was positive that bougies would cure him. From the ill success he had previously experienced, he was terrified at the idea of again using bougies.

With much persuasion he at last submitted, and I introduced one beyond the obstruction, which he found much easier than those he had used. He was ordered to make use of one twice a day, and to apply a little simple liniment to the fistulous openings. In about nine weeks the obstruction was removed, the openings were closed, and the urine flowed, without any inconvenience, through its natural channel.—This case not only shows the utility of bougies in curing this species of fistula, but it is likewise a remarkable example of the necessity of having such bougies as are properly adapted to the nature of the case. This gentleman had, without any good effect, long suffered the pain attending the bougies which he at first used, as they were composed of ingredients ill-calculated for such a purpose, and consequently irritated those tender parts, and increased that inflammation, which was the cause of the abscess forming; while mine sooth the pain, as they gently remove the obstruction; the inflammation disperses; the fistula, no longer kept open by the urine passing through, spontaneously heals; and thus every inconvenience is happily removed.

## CASE IX.

A tradesman, between thirty and forty years of age, sent for me in consequence of a sudden obstruction of the urine, so that he could not void a drop; it was attended with a violent pain round the lower part of his belly, extending round the ridge of the pelvis. Upon inquiry I found that he had had a gleet for a length of time, and that he sometimes thought he experienced some interruption when he made water. That evening he had exposed himself to the wet, and was thus violently attacked. I ordered him to be put in warm water, and opiates to be given internally and by clyster. I afterwards attempted to pass a bougie, but so powerful was the contraction, that I was under the necessity of making use of a small one, and gradually persevering for near an hour before it could be introduced, at last I succeeded. After being retained for some time, on gently withdrawing it, he passed off some water, which afforded him considerable relief. Afterwards I passed one of a larger size, gave him a composing draught,

and left him, desiring him, when he had a strong inclination to make water, to withdraw it. In about three hours after, he did, and had a very copious evacuation. I then requested him to use a bougie about twice a day for a few days, in order to prevent a relapse. In about four weeks he found himself not only free from any obstruction, but also entirely cured of the gleet he had had many months. It will be seen by this case, that when a gleet is continued long, such an irritability is produced in the passage, that it subjects the patient, on the slightest derangement, to be attacked with a dangerous and painful obstruction. By means of medicated bougies, these alarming appearances are not only entirely removed, but the gleet itself expeditiously cured.

### CASE X.

I had once a gentleman under my care, who had long been troubled with the gravel. I occasionally introduced a bougie, which not only dilated the passage, but, acting as a gentle stimulus on the bladder, produced a more powerful contraction, and conse-

quently a more copious evacuation of urine. Thus, the velocity was increased, and the gravelly matter which existed in the bladder, passed off more easily, the stagnation of the urine, which might have given rise to its formation, was prevented, and of course the patient was soon totally relieved.

## CASE XI.

A gentleman, about twenty-eight years of age, was troubled with frequent nocturnal emissions, which produced a considerable debility in the parts of generation: he had been about three years in that state, when he applied to me; he informed me that his erections were so weak and of such short duration, that he had for some time been unable to perform the act of coition, which circumstance had induced him to consult me; from his telling me that he made water rather often, I supposed that a stricture would be found in the canal; I introduced a bougie of the second size, which passed the whole length, but not without opposition from a stricture which was situated about seven inches from the orifice. By a regular

use of the bougies, the stricture was removed in nine weeks time: during the course, the nocturnal emissions were less frequent, and six months after, the gentleman told me, that, since the removal of the obstruction, the parts of generation had recovered their strength, and he was perfectly well.

## CASE XII.

A merchant, about twenty-nine years of age, stated his case to me as follows: when he was fifteen, he could not retain his urine more than two hours; his father observing it, consulted at different times several medical gentlemen, who attributed the complaint to weakness, and gave him various remedies, which had no effect; and the disease continued without variation, until he consulted me: he had then been married some years, and he assured me that he had never had any venereal complaint. To ascertain whether it was not a natural stricture, I proposed introducing a bougie, to which he consented. I passed one of a middling size without difficulty; I perceived however that there was a trifling stricture at about seven inches

from the orifice; this gave me hopes that, if it were removed, the patient would retain his urine the proper time: the event justified my opinion; by a daily use of the bougies, the stricture was gradually removed, and the patient able to retain his urine from eight to ten hours.

### CASE XIII.

*This Case, and the following, demonstrate the danger and inefficacy of Causticks.*

A gentleman, thirty-six years of age, who had been troubled with strictures for several years, applied to a surgeon well known for using caustick; the first bougie he used was of the common sort, and of a middling size, it passed the strictures with little opposition; the caustick was then applied in the usual manner, and continued three times a week regularly for five months. It was submitting to continual pain and irritation to no purpose, for at the expiration of that time the strictures were not removed; he then stated his case to a physician, who recommended him to me; on examining the state of the

urethra I found it so much inflamed, that I advised him not to do any thing for some days; on the sixth, I introduced the first bougie with some difficulty, particularly at seven inches and a half from the orifice; however by the daily use of the bougies for nine weeks, the strictures were entirely removed, and the gentleman was perfectly recovered, and has continued well ever since.

#### CASE XIV.

A gentleman from the country, about forty years of age, was recommended to me, by a friend, who had been under my care. Upon making the necessary inquiries relative to his complaint, he told me that about two years and a half before that period, he came to London, with a considerable stricture in the urethra, and that, having been informed that caustick bougies were sometimes used, he applied to a surgeon, who is a well-known *causticator*; he introduced the caustick sixty-four times in five months, during which period the canal was much inflamed, and very painful; but as at that time a bougie of a middling size could be passed as

far as the bladder, the surgeon told him, that he was quite well, and might return in the country.

Seven or eight days after he had left London, he made water freely, and continued in that state for about eight months, after which he occasionally perceived a diminution in the stream, which rather alarmed him; in about twelve months more the stricture had returned with such violence, that he again came to town, and applied to the same surgeon; the caustick was again used fifty times in about four months, and would have been persevered in, if the gentleman had not heard one of his friends observe, that in some instances the application of caustick had proved fatal; this alarmed him very much, and he applied to me; we determined to defer using the medicated bougies for a fortnight, as by that time the great inflammation which extended the whole of the urinary canal would have subsided. I then introduced the bougies regularly, till the large size could be passed with ease; in about ten weeks the strictures were entirely removed, and the gentleman has never had the least return of the complaint.

## CASE XV.

An officer, forty-three years of age, who had resided a long time in the East-Indies, informed me that he had been many years troubled with a stricture, which at last became so alarming that he determined to return to England as soon as possible. Immediately after his arrival, he consulted an eminent surgeon, who introduced a common bougie of the smallest size; it passed through a slight stricture an inch and a half from the orifice of the canal, but at seven inches and a half from it, it was totally stopped by a considerable one; the same operation was repeated daily for twenty days without success. As the bougie made no impression on the stricture, the surgeon proposed trying the caustick, to which the patient consented; it was immediately introduced as far the great stricture, and regularly applied three times a week for twelve weeks, without making any visible impression on it: this discouraged the gentleman so much that he gave up the caustick, and consulted me; when the inflammation of the urethra had subsided,

I introduced one of the smallest medicated bougies as far as the great stricture; after many attempts it entered the stricture about a quarter of an inch; in the evening I passed one the same length with rather less difficulty, and by continuing this operation twice a day, the bougies gradually perforated the stricture, and on the thirteenth day a small bougie passed as far as the bladder; in about eleven weeks the largest sort were introduced with ease, and the obstruction being totally removed, the gentleman found himself, and is now, as well as ever.

## CASE XVI.

A gentleman, twenty-three years of age, was troubled with a stricture, the consequence of his having been cured of a clap by the injudicious and dangerous use of astringent injections; the effect was so rapid that in less than six months after his cure, he perceived a diminution in his stream when making water; the difficulty increased so much that, in about eight months more, he could make water only by drops, and with considerable pain; in this state he consulted

a surgeon, who constantly uses the caustick in such cases; it was applied to a stricture about two inches and a half from the orifice; this was soon removed, and a bougie of a common size was introduced as far as seven inches and a half from the orifice, where a considerable stricture was formed, to this the caustick was applied three times a week without success. An hour after the twelfth application, the patient was excessively alarmed, when he endeavoured to make water, to find his shirt covered with blood; his alarm increased, when he perceived blood dropping continually from the orifice; this continued about twenty-four hours, and it was supposed that he lost above a quart of blood. This profuse bleeding left him in a very weak and languid state, in which he remained for two months. When he had in some measure recovered his strength, the surgeon proposed him to try again the caustick, to which after a great deal of persuasion, he submitted, and it was regularly used as before for above twelve months; in all it was used *one hundred and sixty-eight times*! The only effects it produced were occasional bleeding and continual pain in the canal.

As the caustick had never passed through the stricture, the patient was advised by his physician to apply to me; he immediately discontinued the caustick, and a fortnight after, consulted me; I used one of the smallest bougies, as it made no impression whatever on the stricture, I judged that the inflammation of the canal had not entirely subsided, I therefore deferred using the bougies again until seven days after, then I passed one a little way in the stricture; this operation being daily repeated the stricture was gradually penetrated, and on the seventeenth day a bougie of a small size passed as far as the bladder; in about five weeks the largest bougies could be introduced without much difficulty, and by using them regularly for a month longer, the stricture was effectually and completely removed, and the gentleman is now in perfect health.

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THE limits of this essay will not allow me to enter in a full detail of the various symptoms attending the different sorts of venereal affections; but as I think the knowledge of the most common symptoms of a gonorrhœa, and of the primary symptoms of a lues or pox, is of essential use, as it enables patients to judge of their danger, I have subjoined them here.

I might have inserted a number of cases, but as they have nothing remarkable in them, and would only have unnecessarily swelled the treatise, I thought it advisable to omit them.

### *Of a Gonorrhœa or Clap.*

A few days after an infectious connexion, a rather pleasing degree of sensation is felt about the end of the penis, with an agreeable titillation a little way within; the orifice of the urinary canal grows red and hot, and appears more dilated; in making water there is a sense of heat, but without pain. As the disease spreads, the inflammation increases; a tension and rigidity are perceived in the penis, with the discharge of a discoloured

fluid; the difficulty of urining increases daily, attended with great pain in the whole passage. These symptoms afterwards increase, the urine gives great torment; the erections become frequent and painful, the discharge thin, watery, and corroding, sometimes tinged with bloody streaks, and at other times of an offensive yellow or green.

If the disease be neglected, and increase in violence, the gland or nut will swell prodigiously; the foreskin or prepuce will be prevented from being drawn either backwards or forwards, forming a phymosis or a paraphymosis. The gland will become excoriated, chancres will form, and, from absorption, buboes will take place. From these the constitution becomes contaminated, the throat ulcerates, the bones become diseased, the body is covered with a copper-coloured scale, and such a derangement takes place in the animal functions, that the afflicted patient must think himself fortunate if he preserve his life.

The disease in its incipient state is generally confined within three or four inches of the end of the penis, and more particularly affects a small duct *lacuna magna*, in the passage, about an inch and a half within.

The lining membrane of the urethra being inflamed by the venereal virus, loses that defence of the lubricating mucus which in a state of health is secreted, in order to obviate the irritation of the urine. The parts thus deranged throw forth a fluid possessing similar infectious properties. - This is the most general extent of a virulent clap; sometimes the disease will inflame the whole canal, and affect the prostate and seminal tubes.

Regular practitioners, in this incipient stage, generally attempt to remove the inflammation by proper purgatives, and to repel the discharge by astringent injections. In some cases this treatment will succeed, but the many inconveniences often attending it merit our serious attention. We frequently see this method laying the foundation of painful and permanent diseases: a *present* relief ought not to be the sole object, some regard should be paid to *future* consequences. The internal surface of the urinary passage becomes inflamed in consequence of the action of the venereal virus: if the inflammation should run high, a union or adhesion will take place between the sides of the passage; the canal is obstructed throughout the infected part, so that the

urine is not only discharged in less quantities, but is likewise divided into two smaller streams. From these circumstances it must appear obvious to every reader, that a fluid injection remaining in the passage a moment of time, cannot prevent the increase of this union, or render the passage more pervious; and as in general injections are formed of astringent ingredients, such as vitriol dissolved in rose-water, &c. the urinary passage is still more contracted from the peculiar action of medicines of this description. These combine in forming an obstinate obstruction, constituting a complaint of a much more serious nature than the original affection. Independently of the violent pains attending these effects, there is likewise considerable danger; for from various trivial causes a slight obstruction will often produce a total suppression of urine; inflammation will be excited in the bladder and the neighbouring parts; ulceration will take place; the urine will gradually insinuate through the cellular texture, and fistulas be formed.

As the internal medicines that are generally exhibited, co-operate in producing those pernicious effects, the great inconve-

niences which attend this mode of treatment must clearly appear to every person. When once a union or adhesion has taken place between the sides of the urinary passage, the obstruction becomes more obstinate, though the inflammatory cause be removed; it then grows a firm resisting band, without any hopes of its being removed by suppuration. Here then is a foundation laid for numerous other affections, an interruption to an indispensable evacuation. Many persons have been for years debarred of the comforts of this life, the body tortured with constant pain, the mind oppressed with the most melancholy anxiety.

It often happens from a previous disease of the urinary canal, (of which sometimes the patient is ignorant) that excesses of any kind, but particularly those of venery, will produce a gleet, which is very frequently mistaken for a gonorrhœa, and the patient treated accordingly. As it is important that mistake should be avoided, I have here inserted the symptoms which characterise that sort of gleet.

In this symptomatick gleet, the discharge appears in many instances in the course of six or eight hours after coition, and is sel-

dom so long as twenty-four; it is generally attended with a sudden degree of heat and pain in urining, but this decreases gradually. On the contrary, in a gonorrhœa, the discharge never makes its appearance sooner than the third day after connexion, and the degree of heat, instead of decreasing, as in the symptomatick gleet, increases daily.

In both complaints, the discharge is nearly similar with respect to quantity, and is regulated as to colour by the different degrees of inflammation.

From the frequent opportunities I have had of observing the dangerous effects attending the use of astringent injections in the above diseases, as also the equally exceptionable method of trusting wholly to internal remedies, I was first induced to try the improved medicated bougies, together with proper internal medicines; the first trial answered my expectations so completely that, from that time, I have constantly used bougies in every case of the gonorrhœa, and I have the satisfaction to assure the public that I never heard any person complain of his having been troubled afterwards with either strictures or gleans, which are so fre-

quently brought on by the common methods of treatment.

The bougie possesses the property of restoring the lining membrane of the urethra to its proper action; it prevents the formation of improper adhesions, and removes those that are already formed. When a bougie is introduced for one or two hours at a time, it induces the urethra to throw forth the venereal discharge in greater quantities, till every contaminating particle is perfectly removed, after which the discharge gradually ceases.

### *Of the primary Symptoms of a LUES.*

When the venereal matter is applied to a tender surface, not possessing a cuticular defence, it produces a local action on the part. Thus the venereal matter first shows its action on the præputium or glans penis, by producing a small red spot, attended with a little itching. About a day or two after, there is a white appearance at the top; it soon bursts, and forms at first a small hole, no bigger than a large pin's head: if neglected, it spreads, the bottom parts be-

come white and irregular, the edges thick, callous and prominent, attended with pain upon the slightest pressure.

After an impure connexion, the glans or præputium becomes frequently excoriated, and it sometimes happens that it gets apparently well without any application. From its being unattended with pain it is not generally noticed, though that alone, has frequently produced a confirmed lues: it must evidently appear, that at first when the chancre or excoriation is formed, it is merely local; that it is produced by an accidental application of the venereal matter to that part: it does not originate from the constitution, nor is the constitution affected. If they be improperly treated, the first symptom of contamination of the system, is the appearance of a little knotty hardness in the groin, attended with some pain, not only to the touch, but even on the slightest motion; the swelling gradually increases, with considerable tension and pain; and, if not prevented by proper remedies, the swelling goes on increasing until it breaks.

*CONFIRMED LUES.*

This stage of the disease shows itself in various forms; by pains in the head, ulcers in the throat, enlargement of the middle part of the bones, called nodes; restlessness, offensive breath, and copper-coloured blotches in different parts of the body; when warm in bed, the pains increase—in short it is attended with every symptom of almost every disease, and is of so complicated a nature, that the patient without proper advice, is unable to judge of his situation.

## POSTSCRIPT.

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*SINCE the writing of this Treatise, a Publication by C. Wilkinson, has been obtruded on the public, in which, with a view, no doubt, of emerging from the obscurity in which as a practitioner, he has hitherto been confined, he has spoken in a very illiberal manner of Daran's Medicated Bougies, at the same time casting some very ungentleman-like reflections on myself: He states that his improved method of treatment has been justified by an extensive practice of ten years. As every person who is in the least acquainted with C. Wilkinson is well convinced that his practice is the least extensive of any, it will immediately be perceived to what degree of credit his other assertions are entitled. I should not have given myself the trouble of noticing a publication of that sort, had not his unmanly and unqualified reflections called imperiously for a few remarks.*

*Another attempt to injure me, equally, or perhaps, still more despicable, is a little pamphlet just published by an Emigrant Monk, named Gossart. I need make no other comment upon it but this, It is copied from the beginning to the end from the first editions of my treatise—The modest gentleman has merely substituted his name instead of mine, even in the cases, many of which occurred before he resided in this country. After this remark I consign the pamphlet and the author to silent contempt, the only thing to which they are entitled.*

FINIS.

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